



Utah Interpreter Program

Application for Written and/or Performance Testing

Please Print!

Access

Name Last First M.I. Date
Address Apt. No. *New Address?* Y N
City State Zip Code
() ()
Phone (home) Phone (cell/other)

/ /
Date of Birth* Social Security Number* E-mail address

Male Female
(please circle)

***PLEASE NOTE: This information is kept strictly confidential, and is used for testing identification only!**

UIP Testing

- ☐ Written Exam (Circle one) FRIDAY or SATURDAY
☐ Novice Level
☐ Intermediate Level *
☐ Master Level (No Role Play) *
(Circle Testing Date)
Jan Feb Mar Apr May June July Aug Sept Oct Nov
* ☐ Friday - ASL portion & Saturday - Transliteration & Role Play OR
☐ All components on same day

Other Testing

- ☐ Cued Language Written Exam
Testing Date _____
(Make check payable to Utah Interpreter Program)
☐ Cued Language Performance
Testing Date _____
(Make Performance check payable to TECHUnit)

Reviewed

Please read carefully!

Registration & Cancellation Policy **

- ! Application with proper payment must be received **three (3) weeks prior to testing date** (refer to testing schedule).
! No special consideration can be given for testing appointments. These appointments are scheduled by the type of test and time available, on a first-come, first-served basis. **Performance Testing appointments are limited.**
! **CANCELLATION FEES:** Canceling your scheduled test appointment will result in the assessment of the following penalty:
Canceling one (1) week prior to certification testing. 50% of testing fee
Canceling less than 72 hours prior to testing, or a "no show". 100% of testing fee

**** I have read and understand the Registration & Cancellation Policy, as outlined above.**

Applicant initials _____

Approved for Testing

Performance Test Paid

Written Exam Paid

**PLEASE COMPLETE
REVERSE SIDE**

Office Use Only

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APPLICATION FOR INTERPRETER CERTIFICATION TESTING

1. With which sign systems are you fluent? (Check all that apply)
- ___ American Sign Language ___ Pidgin Signed English
___ Signed English ___ Signing Exact English
2. Education: highest grade completed 11 12 13 14 15 16 17
3. Are you an Interpreter Training Program graduate? Yes ___ Year _____ No ___
4. Location of ITP program _____
5. How did you learn to interpret/transliterate, other than an Interpreter Training Program?

6. How many years experience do you have as an interpreter? _____ (Attach resume if needed)
7. Do you hold a State Certification? Yes ___ No ___
State where certified _____ Which certificate? _____ Year _____
8. Do you hold RID, NAD, EIPA or other certification? (circle or indicate) _____
Year _____ Type/Score _____ None _____
9. Have you passed the State of Utah Written Exam? NO ___ YES ___ Date _____
10. Have you ever taken the UTAH Performance Test? NO ___ YES ___ Date _____
11. Have you ever been convicted of a felony? NO _____ YES _____ Date _____
12. Name the type of interpreting in which you have gained the majority of your experience:

13. References (*please include at least one Deaf*):
Name _____ Address _____ Telephone _____

***All of the information included on this application is true and correct
to the best of my knowledge.***

Signature

Date

Make checks payable to:

Utah Interpreter Program

5709 South 1500 West / Taylorsville UT 84123-5217

801.263.4860 / 800.860.4860 (In Utah)

www.aslterps.utah.gov

May 2005